

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09922163</i>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/			/	/	/	52						
3	/			/		/	53						
4	/			/		/	54						
5	/			/		/	55						
6	/			/		/	56						
7	/	<i>6</i>	<i>cancel</i>		/		57						
8	/	<i>6</i>	/		/		58						
9	/	<i>6</i>	/		/		59						
10	/	<i>6</i>	/		/		60						
11	/	<i>6</i>	/		/		61						
12	/	<i>6</i>	/		/		62						
13	/	<i>6</i>	/		/		63						
14	/	<i>6</i>	/		/		64						
15	/	<i>6</i>	/		/		65						
16			/	/	/	*	66						
17				/		/	67						
18				/		/	68						
19				/		/	69						
20				/		/	70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<i>6</i>		<i>2</i>		<i>2</i>		TOTAL IND.						
TOTAL DEP.	<i>54</i>		<i>15</i>		<i>9</i>		TOTAL DEP.						
TOTAL CLAIMS	<i>60</i>		<i>17</i>		<i>11</i>		TOTAL CLAIMS						